## Underwriting Questionnaire **Racing**

Producer Name	Phone Date	
Client Name	Date of Birth	
🗌 Male 🔲 Female	Face Amount Max Premium \$ /yr.	
□ Term □ Permanent	Has the client ever used any form of tobacco (cigarettes, cigars, pipe, snuff, etc.)? [Yes ]No	
Frequency	Date of last use Type	
□ Automobile □ Stock Car	Number of races in last 12 monthsOne to two years ago	
□ Championship □ Drag	Lifetime Plan to in the next 12 months	
Sports car	Date of last race	
Go-Kart	Make and type of vehicle	
Motorcycle	Formula and/or engine displacemen <u>t</u>	
Enduro	Top speed Average speed Usual distance of race	
<ul> <li>Drag</li> <li>Flat track</li> </ul>	Do you compete for cash prizes? 🗌 Yes 🛛 No	
☐ Moto cross ☐ Other ☐ Motorboat ☐ Snowmobile	Cities/towns where you race	
	Describe track layout and surface	
	Vehicle class	
	Organization(s) which sanctions your races	
	Do you plan to do any other type of racing?	

If yes, provide details

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